

To/ सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

| | | |
|----|--|--|
| 1 | Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं. | 8077995406 Manoj Kumar Shrivastu |
| 2 | Vehicle No. / वाहन संख्या | UP 85CT 1376 |
| 3 | Policy No. / पालिसी संख्या | MS/2025/7001/0/46575/4582 |
| 4 | Period of Insurance / बीमा अवधि | 10/7/25 to 9/7/26 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 21-3-26 6:34 PM |
| 6 | Place of Accident / दुर्घटना का स्थान | राधा रोड |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | Manoj Kumar Shrivastu 8077995406/UP8520240008112 |
| 8 | Estimated Loss / अनुमानित हानि | 16035/- |
| 09 | Cause of Accident / दुर्घटना का कारण: | पूरे अपघात ग्राही लेके जा रहा था रात में से ही घातक रूप से रफ्तार में चला रहा था जिससे घातक रूप से ग्राही गिर गयी थी पीछे से ग्राही आ रहा था और जो ग्राही ग्राही के पश्चिम पर था ग्राही भी |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम | NO |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No. | NO |
| 12 | Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं. | JOHN HENRY COMPANY ALWAR PO, RAJASTHAN 7017449987 |

Date / दिनांक : 25/3/26
हस्ताक्षर

Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. MS/2025/7001/0/46575/454382

Tel. No. _____

Period of Insurance 10/7/25 to 9/7/26
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED

(a) Name : Manoj Kumar Shrivastava
 (b) Address for correspondence : Raya Acharya Mathura
 (c) Telephone : 8077495406

2. THE INSURED VEHICLE

| | | |
|---|---|---|
| Make & Year <u>Hero</u> <u>6/2017</u> <u>nfdld</u> | Engine No. <u>HA1E1P9D00273</u> Chassis No. <u>MBLHAM137P9D01689</u> | Registration No. <u>UP05 CD 1376</u> |
|---|---|---|

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? N
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter no
 1. Was a side-car attached no
 2. Was a pillion rider carried no

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight _____
 (b) Unladen Weight _____
 (c) Weight of goods carried/Load Challan No. _____
 (d) Nature of permit _____
 (e) Nature of goods carried _____
 (f) Was the vehicle plying for hire _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? _____
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

27-7-2025

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mahoj Kumar Shrivastava
- (b) Age : _____
- (c) Address : Rava Mathura
- (d) Is the Driver : _____
- 1. Owner : Owner
- 2. paid driver? : _____
- 3. Owner's relative or friend? : _____
- (e) If paid driver, how long has he been in your employment : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : NO
- (g) Driving Licence Number : UP85 2024 060 8112
- (h) Issuing Authority : Mathura
- (i) Date of Expiry : 4/4/2024
- (j) Was the licence temporary/permanent : permanent
- (k) Details of endorsement/suspension, if any : _____
- (l) Has he been involved in any accident before? : _____
- (m) Has he been charged by the policy? If so, Why? : _____

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 2/13/26 6:34 PM
- (b) Place : राजा रोड
- (c) Speed of vehicle at the time of accident : _____
- (d) Give a short description of the accident : _____
- (e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : As per Estimated
- (b) Estimated cost of repairs : 160357
- (c) When and where can the damaged vehicle be inspected : Jainnesho Company

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : _____
- (b) Address : _____
- (c) Full Details of personal injury sustained : _____
- (d) Name and address of any person/hospital giving medical attention to injured person : _____
- (e) Full details of property damaged : _____
- (f) Has notice of any claim been given to you? : _____

महोदय कुमार शिवराव

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ / NA
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : _____ / NA
(c) Was accident reported to Police? If not, Why? : _____
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____ / NA
(f) Has theft been reported to Police? : _____
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 25/3/26 300

Signature of the insured [Signature]

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200 _____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)

in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs 5000/-

Witness
Name Dilip Kumar
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No: MS-2025-70010346875 (54382)

Motorsathi Care Private Limited

Plot No. 10, Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) India

Phone No: 7841050043

Email: care@motorsathi.com

Visit the help section of www.motorsathi.com

| Name of Certificate Holder | Date of Birth | Mobile No. | Father/Husband Name | Make | Model | |
|---|-------------------|----------------------------------|---|---------------------|-----------------------------|--------------|
| MANOJ KUMAR SHRIVASTY | 1986-07-01 | 8077895406 | OM PRAKASH SHRIVASTY | Hero Motocorp | HF DELUXE | |
| Sub Model | Vehicle Regn. No. | Engine No. | Chassis No. | Year of Mfg | Cubic Capacity | Vehicle Type |
| HEAVY DUTY (KICKER) | UP85CH1376 | HA11E1P9D00273 | MBLHAW137P9D01689 | 2023-07-06 | 100 | TW |
| Declared Value (ADV) | Side Car ADV | Non-Electrical Accessories ADV | Electrical Accessories ADV | CNG/LPG/Bi-Fuel ADV | Total ADV | |
| 50000.00 | NA | 0.00 | 0.00 | 0.00 | 50000.00 | |
| Place of Regn. | Body Type | HP/Lease/Hire-Purchase Agreement | Branch Office of HP/Lease/Hire-Purchase | Seating Capacity | Offered Payment (Incl. GST) | |
| | Solo | SHRIRAM FINANCE LIMITED | | 2 | 1453.07 | |
| Address | | | City / District | Pin Code | State | |
| BAYILAL GALI RAYA, ACHRULI ADHORA, Mathura, Uttar Pradesh, 281204 | | | | 281204 | Uttar Pradesh | |
| Nominee Name | Nominee Gender | Nominee Age | Nominee Relation | Package Start Date | Package End Date | |
| MANSHA | Female | 37 Years | WIFE | 2025-07-10 17:47 | Midnight of 2026-07-09 | |

Section A: MS: 253.39 MS Services(O): 253.39 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 45.61 Total MS Services with GST(C): 299.00

Section B: PA: 334.67 PA Bonus: 334.67 PA Bonus (35%): 334.67 Total with GST(A): 831.35

Section C: MS: 253.39 MS Services(O): 253.39 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 45.61 Total MS Services with GST(C): 299.00

Section D: MS: 253.39 MS Services(O): 253.39 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 45.61 Total MS Services with GST(C): 299.00

| Package Period Covered | 2025-07-10 To 2026-07-09 | 2026-07-10 To 2027-07-09 | 2027-07-10 To 2028-07-09 | 2028-07-10 To 2029-07-09 | 2029-07-10 To 2030-07-09 |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ADV | 50000 | NIL | NIL | NIL | NIL |
| MS Services Period Covered (NODL) | 1 Year | NIL | NIL | NIL | NIL |

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2028-07-04 (DETAILS ARE PROVIDED BY THE CUSTOMER).

RESTRICTIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or retaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs. 100000/- Net. The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or 7841050043.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, non-disclosure of material fact or non-operation of the coverage.

ANTI-MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountants will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 7841050043

IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1453.06 ON 2025-07-08 from Mr./Ms. MANOJ KUMAR SHRIVASTY against the ARN No. INCP00454382

The payment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions* (For details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001).

